An acquired diverticulum in the small intestine is a rare condition and may be a cause of lower gastrointestinal bleeding [1–3]. We report a case of acquired diverticulum at the ileocecal valve presenting as massive hematochezia.

A 52-year-old woman was hospitalized with sudden-onset hematochezia. On admission, an urgent colonoscopy found no acute bleeding lesions in the large intestine. After passing the ileocecal valve, a small, actively bleeding diverticulum was noted just proximal to the upper lip of the ileocecal valve (Fig. 1). Its unusual anatomic location made endoscopic intervention impossible. Neither changing the patient’s position, nor attaching a transparent hood in the distal end, was helpful, and the bleeding was controlled by therapeutic angiography (Fig. 2).

However, the patient had recurrent massive bleeding the next day, and 12 cm of the ileocecal region was surgically resected. The resected specimen contained a 5-mm diverticulum at the junction of the ileocecal valve and the terminal ileum, along the mesenteric border (Fig. 3). Histological examination of the specimen confirmed the presence of a false diverticulum consisting of mucosa and connective tissue associated with infiltrating inflammatory cells (Fig. 4). A small-bowel series showed no diverticula elsewhere. The patient recovered uneventfully and had no further gastrointestinal bleeding.

Although colonoscopy can define the cause in most patients with lower gastrointestinal bleeding, no bleeding site is identified in 10%–20% of cases [4]. In such cases, an important cause may be an incomplete workup that overlooked the ileocecal region [5]. Terminal ileal diseases, such as Crohn’s ileitis, Meckel’s diverticulum, ulcers, and vascular ectasia, are responsible for 2%–9% of all lower gastrointestinal bleeding [3]. The present case highlights the importance of careful inspection of the ileocecal valve and terminal ileum in patients with lower gastrointestinal bleeding.

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Division of Gastroenterology and Hepatology, Department of Internal Medicine, Kyung Hee University, School of Medicine, Seoul, Korea

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Fig. 4 Photomicrograph of the diverticulum showing ulceration and infiltration of acute and chronic inflammatory cells. The diverticular wall consists of mucosa and submucosa (hematoxylin and eosin, low magnification).

Bibliography
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Corresponding author
J. Y. Jang, MD
Department of Internal Medicine
Kyung Hee University Hospital
1 Hoegi-dong
Dongdaemoon-gu
Seoul 130-702
Korea
Fax: +082-2968-1848
jjang@khu.ac.kr